

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/15/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445256	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - REAR BUILDING  B. WING _____		(X3) DATE SURVEY COMPLETED  01/13/2020
NAME OF PROVIDER OR SUPPLIER  HARTSVILLE CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p>INITIAL COMMENTS</p> <p>Stories: 2 Construction Type: II, III Limited Plans on site Constructed: 1980's with an addition in 2010 Sprinklered: Yes Census: 42</p> <p>A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities on 01/13/2020. During this Life Safety Survey, Hartsville Convalescent Center was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2012.</p> <p>The requirement at 42 (CFR), Subpart 483.70(a) is NOT MET as evidenced by:</p>	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

*Alvin S. [Signature]*

(X6) DATE

2/3/20

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445256	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - FRONT BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  01/13/2020
NAME OF PROVIDER OR SUPPLIER  HARTSVILLE CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074	
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K 353 SS=D	<p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain the sprinkler system.</p> <p>The findings included:</p> <p>1. Observations on 01/13/2020 at 9:09 AM, revealed mixed response sprinklers in the corridor outside of room 212. NFPA 101, 19.3.5.1 (2012 Edition), NFPA 101, 9.7.1.1 (2012 Edition) NFPA 13, 8.3.3.2 (2010 Edition)</p> <p>2. Observations on 01/13/2020 at 9:16 AM, revealed mixed response sprinklers in the front "A" hall sitting room. NFPA 101, 19.3.5.1 (2012 Edition), NFPA 101,</p>	K 353	<p><b>K 353 – Sprinkler System – Maintenance and Testing</b></p> <p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</i></p> <p>The sprinkler heads will be replaced by February 29, 2020 or sooner as indicated below:</p> <ol style="list-style-type: none"> <li>1) Mixed response sprinkler head(s) located in the corridor outside of room 212;</li> <li>2) Mixed response sprinkler head(s) located in the front "A" hall sitting room;</li> <li>3) The 2 corroded sprinkler heads located in the kitchen dishwashing area;</li> <li>4) The sprinkler head located in room 228;</li> <li>5) Sidewall sprinklers mounted on the ceiling in place of pendent sprinklers in the basement outside of the activities director office and the basement restroom.</li> </ol> <p><i>How other residents are identified having the potential to be affected by the same deficient practice and what corrective action will be taken:</i></p>	2/29/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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RECEIVED

BY: 

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K 353	<p>Continued From page 1</p> <p>9.7.1.1 (2012 Edition) NFPA 13, 8.3.3.2 (2010 Edition)</p> <p>3. Observations on 01/13/2020 at 9:35 AM, revealed 2 of 2 sprinklers in the kitchen dishwashing area were corroded. NFPA 101, 19.3.5.1 (2012 Edition), NFPA 101, 9.7.5 (2012 Edition) NFPA 25, 5.2.1.1.1 (2011 Edition), NFPA 101, 5.2.1.1.2 (2011 Edition)</p> <p>4. Observations on 01/13/2020 at 9:47 AM, revealed a foreign substance (white coating) on the sprinkler in room 228. NFPA 101, 19.3.5.1 (2012 Edition), NFPA 101, 9.7.5 (2012 Edition) NFPA 25, 5.2.1.1.1 (2011 Edition), NFPA 101, 5.2.1.1.2 (2011 Edition)</p> <p>5. Observations on 01/13/2020 at 10:19 AM, revealed improper sprinklers (sidewall sprinklers mounted on the ceiling in place of pendent sprinklers) in the basement outside of the activities directors office and the basement restroom. NFPA 101, 19.3.5.1 (2012 Edition), NFPA 101, 9.7.1.1 (2012 Edition), NFPA 101, 9.7.5 (2012 Edition), NFPA 13, 8.7.4.1.2.1 (2010 Edition) NFPA 25, 5.4.1.1 (2011 Edition)</p> <p>The maintenance director was present when these deficiencies were identified, and were later acknowledged by the administrator during the exit conference on 01/13/2020.</p>	K 353	<p>All residents have the potential to be affected by sprinkler heads out of compliance with NFPA 101 and NFPA 25.</p> <p>The Maintenance Director audited all sprinkler heads in the building on January 31, 2020 to determine if any sprinkler heads were non-compliant with NFPA 101 and NFPA 25. His findings have been provided to the Administrator and any replacement needs in addition to those identified at survey time will be made by February 29, 2020 or sooner.</p> <p>All sprinkler heads will be compliant with NFPA 101 and NFPA 25, ongoing.</p> <p><i>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:</i></p> <p>Beginning January 31, 2020, the Maintenance will monitor all sprinkler heads quarterly for compliance with NFPA 101 and 25. Findings will be documented, and any sprinkler head replacement(s) will be made within 10 days or less.</p> <p><i>How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place.</i></p>		

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K353		K353	The Maintenance Director will report the January 31, 2020 audit findings to the QAPI Committee for review to determine compliance or if any further action is required to ensure compliance beyond the review period.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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